DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060 http://www.dail.vcrmont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

September 12, 2017

Anne Steinberg, Manager Michaud Memorial Manor 47 Herrick Road Derby Line, VT 05830-8759

Dear Ms. Steinberg:

The Division of Licensing and Protection completed a investigation at your facility on September 7, 2017. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN

famlaMCVaPN

Licensing Chief



PRINTED: 09/12/2017 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PRDVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CDRRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ C B. WING 0143 09/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 47 HERRICK ROAD MICHAUD MEMORIAL MANOR DERBY LINE, VT 05830 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced, on-site investigation of 2 self reported events was conduced by the Division of Licensing and Protection on 9/7/2017. There were no state regulatory violations identified.

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE